



FPDC FORM 150 Revised August 8, 2007

State of Kansas - Certificate of Occupancy

Department of Administration, Division of Facilities Management, Facilities Planning, Design & Construction

is hereby issu		for				
Agency:						
Agency/Building number:						
Name of building/location:						
Agency Point of Contact:						
Address:	_					
Description of construction and square footages:	(i.e. new constru	action/renovation/addition)			
escription of Occupancy: (Building/addition)						
		inspected for compliance with the which the project is classified.	ne codes			
Codes:	(list codes)					
Occupancy/use		Type of Construction:				
Automatic sprinkler required	☐ YES ☐ NO	Automatic Sprinkler Pro	ovided YES			
Fire Alarm system required	☐ YES ☐ NO	Fire Alarm system provi	ided YES			
Any special stipulations/conditions:						
Code Compliance Coordina	ator					
Jode Johnphanice Goording	2101					

This certificate of occupancy may be suspended or revoked wherever the certificate is issued in error, or on the basis of incorrect information supplied, or where it is determined that the building or structure or portion thereof is in violation of any ordinance or regulation or any of the provisions of the code listed. The suspension or revocation shall be in writing by the Department of Administration

Agency- Building No.:			ency and cility Name:			
Description		Signature of KSFN Representative (items	/I / DFM not applicable not	ed as NA)	Date Accepted	
1.	Code Footprin	t				
2.	Fire Alarm Pla Drawings	ns / Shop				
3.	Automatic Spr Plans / Shop D					
4.	Fire Alarm Sys installed and to NFPA.					
5.	Automatic spri system installe tested per NFF	ed and				
6.	Emergency Lig tested.	ghts				
7.	Back up Powe (generator, inv battery, etc) te	ertor,				
8.	Fire Pump test	ted per	U			
9.	Standpipes tes NFPA.	sted per				
10.	Exit Paths veri public way. (Ir exit sign verific testing.)	ncludes				
11.	Elevator tested	d.				
12.	ADAAG					